Rec'd PCT/PTO 25 MAR 2005 10/522448

PTO/SB/81 (06-04)
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Application Number Filing Date **POWER OF ATTORNEY** First Named Inventor SMITH CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examiner Name Attorney Docket Number 920602-97086 I hereby appoint: 23644 Practitioners associated with the Customer OR Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: XThe address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: Individual Name Address Address Country Telephone I am the: · Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is anclosed (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Date Telephone Title and Company OCT MANAGER NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CORRESPONDENCE ADDRESS	Title				•
INDICATION FORM	Art Unit				
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	Attorney Docke	t Number	CHALMY	075.01	
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Applicant/Inventor.					İ
Assignee of record of the entire interest. See 37 CFR	3 71		•	•	
Statement under 37 CFR 3.73(b) is enclosed. (Form F	3.7 (. PTO/SB/96) ·				
	Applicant or Assig	nee of Record			
Signature R. T. Smith		•	Date	30.11	OL
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Title and Company		111	Liciophone		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one					
NOTE: Signatures of all the inventors or assignees of record of the entir signature is required, see below*.	e interest or their repre	sentative(s) are rec	quired. Submit multip	ole forms if more that	an one
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE e Paperwork Reduction Act of 1995, no persons are requi ired to respond to a collection of information unless it displays a valid OMB control number. Application Number 1682003/004683 POWER OF ATTORNEY Filing Date First Named Inventor CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examiner Name Attorney Docket Number 920602 - 97086 I hereby appoint: Practitioners associated with the Customer Number. Practitioner(s) named below: Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number. OR Firm or Individual Name Address Address City State Country · Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) cant or Assignee of Record Signature Date THRIE Telephone Title and Company Alposition in DIRECTOR VAPOURTEC NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. forms are submitted.

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DESIGN	ATTORNEY DOCKET NUMBER	9206	802-97086			
PATENT APPLICATION	FIRST NAMED INVENTOR:	e-Smith				
(37 CFR 1.63)	COMPLETE IF KNOWN					
☐ Declaration ☐ Declaration Submitted OR Submitted After with Initial Initial Filing Filing surcharge)	Application Number	LITE IF KNOWN				
(37 ČFR .16(e))	.Art Unit					
	Examiner Name					
I HEREBY DECLARE THAT:			,			
Each inventor's residence, mailing addres	s, and citizenship are as stated below	next to my name				
I believe the inventor(s) named below to b is sought on the invention entitled:	e the original and first inventor(s) of th	e subject matter which is c	laimed and for which a patent			
Temperature Sensing in Cent	rifugal Evaporators.					
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the specification of which	(Title of Invention)					
is attached hereto	•					
OR .	•		٠			
was filed on (MM/DD/YYYY)	as United States Appl	ication Number or PCT Inte	Programa			
Application Number PCT/GB2003/00						
I hereby state that I have reviewed and under	tand the contents of the above identifie	od analis is in the second	(if applicable).			
I acknowledge the duty to disclose information applications, material information which becam international filing date of the continuation-in-particular descriptions.	art application.	ille prior application and the	e national or PCT			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's priority is claimed.						
Prior Foreign Application Number(s)	Foreign Filing Date	Priority	Certified Copy Attached			
0225335.9	(MM/DD/YYYY) . 10/31/2002	Not Claimed	YES NO			
Additional foreign application n	umbers are listed on a supplemental p	original data also also also also also also also als				
, , , , , , , , , , , , , , , , , , ,	a supplemental	monty data sheet PTO/SB/	U2B attached bereto			

[Page 1 of 2]

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DECLARATION - Utility or Design Patent Application

Direct all correspondence to: Cus	stomer Number	23644	or Correspondence address below			
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COUNTRY	TELEPHONE		FAX			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST I	NVENTOR	☐ A petition has be	een filed for this unsigned inventor			
Given Name (Given	ren Name Family Name		Lee-Smith_			
Inventor's Signature		1	Date: 76:11:006			
Residence: Hadleigh GBX	State:	Country: G.B	Citizenship: Great Britain			
Mailing Address: 17a The Green		3				
city: Hadeligh, Suffolk	State	zip IP7 6AE,	Country Great Britain			
NAME OF SECOND INVENTOR:						
Given Name [first and middle [if any] Richard		Family Name or Surname	Smith			
Inventor's Signature 2-56	sin		Date: 30.11.04.			
Residence: Ipswich & 6X	State:	Country: G.B.	Citizenship Great Britain			
Mailing Address: 26 Ramsgate Drive						
city: Ipswich, Suffolk	State	zip IP3 9DD	country Great Britain			
Additional inventors or a legal representative are being named on x supplemental sheet(s) PTO/SB/02A or 02LR are attached						

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DECLARATION - Utility or Design Patent Application

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NAME						
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Given Name	HAATIAI OI	Fami	☐ A petition has be ily Name	en filed for this	unsigned inventor	
(first and middle [if any]	can.	1	•	<u>Guthrie</u>	· ·	
Inventor's Signature	CH.			Date:	3/3/05	
Residence: Alpheton, Nr. Sudbury	State:	Coun	ntry: G.B.	Citizenship	Great Britain	
Mailing Address Wren Cottage, Tye Green			. •			
City: Alpheton, Nr. Sudbury	State	Zip (CO10 9BW	Country Gr	eat Britain	
NAME OF SECOND INVENTOR:					unsigned inventor	
Given Name (first and middle [if any]	Family Name or Surname		ly Name			
Inventor's Signature				Date:		
Residence: City	State:	Country:		Citizenship		
Mailing Address					· ·	
City:	State	Zip		Country		
☐ Additional inventors or a legal representa	ative are being named	On	supplemental she	act/c) PTO/SP/0	324 on 021 B one official	

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